

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008		Docket Number (Optional) 77012 - 325124																												
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																														
Application Number 10/750,576		Filed December 30, 2003																												
For CHAIR BACK REST WITH IMPROVED RESILIENCE AND SUPPORT																														
Art Unit 3636	Examiner WHITE, Rodney Barnett																													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">\$2,350.00</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$				\$2,350.00
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<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-0029</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																														
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,172</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> <hr/>																														
<u>/Benjamin S. Fernandez/</u> <u>Signature</u> <u>Benjamin S. Fernandez</u> <u>Typed or printed name</u>		<u>May 11, 2010</u> <u>Date</u> <u>303/607-3500</u> <u>Telephone Number</u>																												
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																														
<p>SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p>																														